



# 2009 THE BEST EFFORT CAMPS



Seattle Parks and Recreation's Citywide Youth Athletics, in partnership with New Balance/Best Effort Camps & Clinics, are sponsoring  
The Best Effort Basketball Camp.

We are offering the camp, featuring Coach Tom Newell and staff, at the enclosed locations. The camps are FREE to all campers ages 8-15. SORRY, YOU CAN ONLY ATTEND ONE SITE. Please feel free to make copies of the registration forms and send them to Citywide Youth Athletics, Attn.: Youth Athletics, 5201 Green Lake Way N, Seattle, WA 98103, or fax it to 206-615-0073. Spread the word! Sign up early to get the session you want. Everyone will receive FREE giveaways!! Come join the fun!!

June 29 and 30	South Park	9 – 10:30 a.m.
	Rainier	11 a.m. – 12:30 p.m.
	Delridge	1:30 – 3:00 p.m.
	Jefferson	3:30 – 5 p.m.
July 1 and 2	Garfield	10 a.m. - Noon
	Miller	1:30 – 3:30 p.m.
July 6, 7, and 8	Magnolia	9 – 10:30 a.m.
	Queen Anne	11 a.m. – 12:30 p.m.
	Ballard	1:30 – 3 p.m.
	Bitter Lake	3:30 – 5 p.m.
July 9 and 10	Northgate	10 a.m. - Noon
	Meadowbrook	1:30 – 3:30 p.m.



“LET’S CEASE TO BE OBESE 2009 “

If you have questions, please call 206-615-0520.

Registration Form Other Side →

**NEW BALANCE/Best Effort Camps & Clinics**  
**BEST EFFORT CAMP 2009**  
**Student Athlete Registration Form/Questionnaire**

Is this your **FIRST** Best Effort Camp? ( Y ) ( N ) OR ( 2<sup>nd</sup> ) ( 3<sup>rd</sup> )

Community Center Site that your child will be attending: \_\_\_\_\_

Name of Participant(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

(Print Clearly)

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

**Please Check Other Activities You Have Experienced to Date:**

( ) Soccer ( ) Tennis ( ) Gymnastics ( ) Football ( ) Other \_\_\_\_\_  
( ) Swimming ( ) Dance ( ) Baseball ( ) Martial Arts

Have you ever had a bad experience in youth sports? Y / N Explain: \_\_\_\_\_

How about a positive experience? Y / N Explain: \_\_\_\_\_

➤ Do you or another family member practice at home? Y / N  
➤ Do you drink Carbonated Drinks during the summer when you're thirsty? Y / N  
➤ Do you need "**special medications**" when practicing or playing? Y / N  
(Inhaler, medicine, etc., allergies to peanuts etc.) Explain: \_\_\_\_\_

➤ When was the first time you began to participate in sports? Age: \_\_\_\_\_ Activity: \_\_\_\_\_  
➤ Did you want to participate or did your Parent sign you up? \_\_\_\_\_  
➤ How much time do you estimate you **practice sports** on your own?  
Once a week \_\_\_\_ Twice a week \_\_\_\_ Everyday during season \_\_\_\_ Not Sure \_\_\_\_  
➤ Have you ever attended a sports camp: Y / N Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_  
➤ Do you watch sports on your own? Y / N Do you play sports oriented video games? Y / N  
As a spectator of college games \_\_\_\_ As a spectator for high school games \_\_\_\_  
As a spectator for age level competitions \_\_\_\_ As a spectator for Pro Sports \_\_\_\_

Thank you for taking the time to answer these important questions for us. These answers will enable us to better plan our practices, develop better team fundamentals, and understand any previous bad experiences you may have endured participating in sports. **Coach tom newell**, Director

**Liability Waiver/Health & Insurance Form - Registration Not Valid Unless Waiver is signed**

I hereby authorize the directors of New Balance/Best Effort Camps and Clinics (hereinafter referred to as "Camp") to act for me according to their best judgment in any emergency medical situation. I hereby waive and release the City of Seattle, its staff and all Advisory Council members, and any other organizations or individuals involved with the "Camp", and the "Camp" and its staff of any responsibility or liability arising from the applicant's participation in the "Camp". I know of no medical/physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges incurred in connection with their attendance at camp. Costs for the treatment of injuries and hospitalization for illness/injuries incurred during "the Camp" will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parents or guardian may be used to defray such medical and hospital costs.

\*

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE      DATE